

Editorial

Reinventing the Public Health Service— A Look in a 50-Year-Old Mirror

When the Public Health Service Act of 1944 was signed into law by President Franklin Delano Roosevelt, no one foresaw that 50 years later we would hail this Act of Congress as a great and far-sighted law that could be seen as model for what we now call reinventing government.

Today, even a superficial look at the provisions of the Act and their outcomes makes them seem so natural and necessary and obvious that it is hard to see how we could do without them. The more the Act is studied, the more important it appears for the nation's health.

The Act was the creation of Sen. Claude Pepper of Florida and Rep. Alfred L. Bulwinkle of North Carolina and others who pressed the Public Health Service to address the health needs that had become apparent in the nation's mobilization for World War II. These legislators took a Service that dated back 146 years to the nation's beginnings (when the Service was established to answer the medical needs of merchant seamen), and they reshaped it to meet the requirements of their day and ours.

In the Act, Congress authorized the Public Health Service to make grants and contracts, greatly broadening the authority first written into the National Cancer Act of 1937 and leading to the productive growth of the extramural programs of the National Institutes of Health, the Centers for Disease Control and Prevention, and the other agencies of the Public Health Service.

The Congress also authorized the Public Health Service to work with and support the efforts of State health departments in a partnership that continues today.

Congress strengthened the Commissioned Corps of the Public Health Service, moving it to a broader base, with the commissioning of nurses, sanitarians, and specialists in other scientific fields related to public health.

And Congress expanded the Office of the Surgeon General of the Public Health Service, which has proved to be such a bully pulpit for educating our people in good health habits.

Today, as in 1944, the Public Health Service and medicine itself face a similar task of renewal in a time of great challenge. We follow upon 12 years in which the portion of the nation's health dollar that goes to public health has shrunk from 1.2 cents to 0.9 cents, and we are again working to renew ourselves for the future.

Part of today's challenge is to make sure that there are resources within and without the health care reforms that Congress agrees on in the current debate that will support the core missions of public health—monitoring the occurrence and spread of disease, immunization, infant health, infectious disease control, and health education and promotion.

The Health Security Act, President Clinton's reform, is alone in containing a multipart Public Health Service initiative to

- strengthen the core functions outlined heretofore,
- serve and support the data, quality assessment, and other needs of both the personal health care system and the population-based public health system, and
- assure access to care for underserved populations who face such barriers of distance and language as well as cost.

In addition, the Health Security Act supports the research of the National Institutes of Health and our other Public Health Service research agencies. It seems to me very obvious that the health of our country requires this and other basic elements of the Clinton proposal.

Yet Surgeon General Thomas Parran—who held the office when the Public Health Service Act of 1944 was approved—spoke just a year later at the dedication of the United Auto Workers' Health Institute about what he too thought was obvious.

We must train doctors, dentists, nurses, laboratory technicians, and other health workers in sufficient numbers to do the job. We must support more scientific research (and) we must

make sure that every family in the country has decent housing with safe water and adequate sanitary facilities.

Dr. Parran then added, those 49 years ago

It is obvious that the financing of medical care of the individual, as a part of the program for total health care, should include some arrangement for prepayment. The occurrence of disease is sporadic. The heavy cost of catastrophic disease falls unpredictably and unevenly upon the population. For the individual family, I believe that these risks should be met on a national basis, either through insurance, or through public taxes, or, preferably through a combination of both ...

Social insurance in itself ... no matter how inclusive, does not constitute a total health program, but it is part of it and contributory to it. In the same way, better nutrition on a national basis is in the interest of national health. Slum clearance and the provision of decent, sanitary housing also is an important task for the nation, but this, too, is only one sector of a total health program. Finally, a high level of employment is necessary if we are to have a healthy nation.

Dr. Parran also noted the need for a post-war hospital construction program—one accomplished so well under the Hill-Burton Act of 1946.

Good portions of Surgeon General Parran's remarks could be delivered today, with a few modifications. Parran had his plague rats; we have our hantavirus. He spoke of preventing venereal diseases; we have the old ones plus AIDS. The Public Health Service was facing the return of veterans, including soldiers who were malaria carriers. Today, we puzzle over the Gulf War syndrome.

There are similarities today to those early years, but there has also been great progress. We have eradicated smallpox worldwide. Polio caused by wild virus has not been seen in the United States since 1979 and in the Americas since the last case in Peru in 1991. Diseases such as Legionnaire's, toxic shock syndrome, and the hantavirus have appeared—and been identified and controlled. Cardiovascular deaths decline. The scourge of diabetes is under better control, and medicine is using biotechnology to produce therapies for this and other diseases that

were not dreamed of in 1944. The 1944 average life-span of 65.2 years has increased 10 years to 75.7, while infant mortality per thousand births has declined from 39.8 to (by 1992) 8.5.

We are on the verge of genetic breakthroughs and diagnostic and therapeutic revolutions.

Yet we still do not have that integrated system that Surgeon General Parran foresaw, in which insured personal care and well-financed public health programs complement and support each other. Let us hope that Congress soon takes the kind of action on health care reform that Americans can look back on 50 years from now, as we do the Public Health Service Act, with pride and admiration.

Let people say, on a day such as this 50 years from now, How far-sighted! How carefully planned and carried out! How obvious! How did our predecessors manage without it?

Philip R. Lee, MD, ScD
Assistant Secretary for Health
Head of the Public Health Service